

Hexon Limited

Meadowfield Lodge

Inspection report

22 Meadowfield Road
Bridlington
Humberside
YO15 3LD

Tel: 01262675214

Date of inspection visit:
19 December 2023

Date of publication:
02 January 2024

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Meadowfield Lodge is a residential care home providing personal care to up to 24 people. The service provides support to older people, some of whom may be living with dementia. At the time of our inspection there were 18 people using the service. Accommodation is provided over three floors in an adapted building.

People's experience of using this service and what we found

Risks to people were assessed and their safety monitored and managed. However, we identified some areas of some care plans where not all the information was consistent.

We have made a recommendation about how the provider reviews their approach to the management and oversight of care plans to ensure consistency.

Sufficient numbers of suitable staff were available to meet people's needs. People were protected by the prevention and control of infection. Systems and processes were in place to safeguard people from abuse. Medicines were administered safely by trained and competent staff. Lessons learned were identified and improvements made when things went wrong.

People received support to eat and drink, where necessary, and staff prompted people to eat and drink enough to maintain a balanced diet. People's needs and choices were assessed and people received care and support in line with current legislation and best practice guidance. Staff were trained and received additional training to support people's individual health conditions and needs. There was a strong staff team ethos, and staff worked consistently together to deliver effective care and support. People's health needs were recorded and monitored. Staff were vigilant in ensuring people received health professional visits and input when necessary. People's needs were met by the adaptation and design of the premises. Dementia-friendly signage was in place. The registered manager had identified a number of areas where the environment and its decoration could be improved. Consent to care and treatment was sought, recorded and monitored in line with legislation and guidance.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with kindness, respect and compassion. Staff understood people's emotional support needs and provided it. People were supported to express their views and were involved in making decisions about their care and support. Staff treated people with dignity. People's privacy was respected and their independence promoted. Staff interactions with people were kind and compassionate.

People received personalised care which was responsive to their needs. Care plans were very person-centred. People's concerns and complaints were recorded, listened and responded to. Feedback was used

to review and improve care delivery. People were supported at the end of their life and had their wishes recorded.

There was a clear vision for high-quality care in the home, led by the registered manager. The culture was positive, open and welcoming throughout. There was a governance framework in place to monitor and support quality care delivery. People, relatives and staff were invested and involved in the running of the service. Open communication was embedded in the home. The registered manager led by example to ensure the service continuously learned and improved care. The service worked closely with partner organisations to ensure people received care and support appropriate to their needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 21 November 2017).

Why we inspected

This inspection was undertaken as part of CQC's scheduled inspection process.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Meadowfield Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by 1 inspector.

Service and service type

Meadowfield Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Meadowfield Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people. We spoke with 6 members of staff, including the registered manager and the regional manager. We reviewed 5 people's care files and numerous medicine administration records (MARs). We reviewed a variety of documents relating to the management and governance of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were assessed, and their safety monitored and managed. Any changes to risks were identified and action taken to ensure people's continued safety. However, we identified information was not always consistent. We discussed this with the registered manager who took immediate action.

We recommend the provider reviews their approach to the management and oversight of care plans to ensure consistency.

- Staff actively supported people to maintain their independence whilst effectively managing risks to their safety. Restrictions for people were minimised. Restrictions and risks were regularly reviewed.
- The registered manager ensured the environment was safe and appropriate checks and servicing were undertaken on the premises and equipment.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. Staff had been trained and were knowledgeable about the signs of abuse.
- People and staff knew how to raise concerns and were confident these would be acted on.
- The registered manager monitored safeguarding concerns, taking immediate and appropriate action, and notifying the relevant authorities.

Staffing and recruitment

- Sufficient numbers of staff were deployed to ensure people were supported safely. Staff had their competency checked regularly.
- People told us staff responded quickly to their needs. A person said, "I press my buzzer and generally someone comes straight away."
- Staff told us there was enough staff on shift to support people safely. A staff member commented, "They all help, team co-operation is best."
- Robust recruitment processes were in place. Appropriate checks had been undertaken on potential staff to ensure they were safe to support vulnerable people.
- Following our inspection, the registered manager and regional manager told us they had discussed potential further deployment of senior staff to support care plan consistency.

Using medicines safely

- Medicines were administered safely by trained and competent staff.
- Effective systems were in place to ensure medicines were reviewed, ordered, stored and disposed of safely.

- The service followed good practice guidance about medicines management.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- There were no restrictions on visiting.

Learning lessons when things go wrong

- The registered manager promoted a culture of learning lessons when things went wrong.
- Staff understood their responsibilities to report concerns and incidents. The whole staff team supported each other to learn and shared their experiences openly.
- The registered manager reviewed, investigated and analysed incidents. These were appropriately discussed with staff individually, and at staff meetings, where appropriate.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and their personal choices in their care delivered in line with legislation and guidance.
- Assessments of people's needs were comprehensive and outcomes identified and monitored.
- Care plans were very person-centred. Staff were directed to deliver support in the way in which each person preferred.

Staff support: induction, training, skills and experience

- Staff received mandatory training, a robust induction and shadowing of experienced staff before they started work.
- Staff received regular supervisions and appraisals which discussed their training and development needs and provided support. Staff were able to ask for additional training, which was provided, should they need this.
- The registered manager had identified a number of development opportunities for staff which would support better care delivery for people. For example, staff to be trained how to administer wound care before District Nurses were able to attend.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet. The cook was very knowledgeable about people's dietary needs, and their likes and dislikes. The cook spoke with people before their birthdays and agreed with them a special cake with a flavour of their choosing.
- People were offered a choice of home-cooked meals and snacks. A person told us, "I like a cooked breakfast." The menu reflected people's likes, and the cook introduced variety by having different country-themed days, which people had enjoyed.
- People's weights, and food and fluid intakes were monitored and immediate action taken, where they were at risk of malnutrition.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff used a robust handover process to work consistently as a team. A staff member said, "The staff are very good. They do everything together. We are working as a team."
- Appropriate information was shared with partner organisations to facilitate people moving between services easily. People were supported to maintain access to health appointments.

- Staff were vigilant about identifying any health concerns and reported these in a timely manner. Advice and guidance from health professionals was recorded and acted upon. For example, staff had identified a person had not been eating as much as usual and explored potential reasons with health professionals and agreed a plan of action with their family member.

Adapting service, design, decoration to meet people's needs

- People had their needs adapted for within the home. Dementia-friendly signage was used throughout the home. Doors to people's rooms had their name and a picture which was memorable to them, for example, with pets or landmarks.
- People's rooms were very personalised, for example, with ornaments and photographs of family members.
- One person had recently struggled to sit safely in a chair. The registered manager had liaised with specialist services to facilitate a made-to-measure chair to support this person to enjoy communal areas safely.
- Fish tanks had been placed in the hall and lounge as these had been identified as helpful to soothe people when they were anxious.
- The registered manager had identified changes were needed to the environment and decoration. These had been discussed with people living in the home. It was anticipated a programme of refurbishment would begin in the new year.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were involved in decisions about their care. People had consented to their care, and their consent recorded and reviewed.
- Where people were unable to make decisions about some aspects of their care the home had undertaken and recorded best interest decisions with appropriate people and professionals.
- Staff were knowledgeable about the MCA and described how they ensured people were given choice and control throughout care delivery. Staff supported people to make choices about their daily care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Warm and positive interactions took place between people and staff. Without exception, people told us staff were kind and caring.
- One person told us, "They (staff) are very very good."
- Staff spoke affectionately about people, and treated them with dignity and respect.
- One staff member was observed to sensitively and gently ensure a person was positioned safely in their wheelchair. Another person chose not to wear a clothes guard when eating their lunch so a staff member asked if they could help them to wear a napkin, to which the person agreed.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and were involved in making decisions about all aspects of their care.
- People were supported to access advocates, where necessary, to ensure their views were expressed and heard.
- One person said, "I like to look at the menu and make my own choices." Another person told us, "I go to bed when I want."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect at all times.
- People's independence was respected and promoted. For example, people were encouraged and supported to be involved in the running of the home. During our inspection visit people were enjoying wrapping presents for staff. One person said, "I'll be there to help you wrap!"

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People, and the relatives where appropriate, were involved in planning their care. Care plans were very person-centred. For example, one person had described when they wanted a dry shave and when they wanted a wet shave, and staff supported them in this.
- People's life and social histories had been recorded. Staff knew people well and used this information to support people with their care needs. People and staff told us they had time to chat with each other.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were understood and met. For example, care plans contained information about how people wished to be communicated with. One person's care plan directed staff to give them time to make decisions.
- The service understood and met the requirements of the Accessible Information Standard.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were part of the home's community and the local community. The dining experience was very social with groups of people chatting and laughing with each other.
- People's social and spiritual needs were met by staff supporting them to attend local churches and arranging for visits from priests.
- A recent clothes party, with wine, had been a huge success with people chatting about the clothes they had chosen and bought. Another person, whose pet was important to them, enjoyed their own space in the conservatory watching TV and spending time with their pet.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, and any required actions taken. The registered manager actively encouraged people to share their concerns and niggles. When asked what they would do if care wasn't delivered how they liked, a person told us, "Yes, I'd tell them. I'd say, 'I don't reckon nowt to that'. I've got a right good relationship with the [registered] manager. But, they're very good I've no complaints."

- There had not been any complaints within the last 12 months. There was a system in place to record and monitor concerns and use these to improve care quality.

End of life care and support

- People were supported at their end of their life. Their wishes had been recorded and were met.
- Staff worked closely with healthcare professionals to ensure people received a dignified and pain-free death.
- The registered manager had identified further improvements in people's end of life care planning and planned to use people's key workers to facilitate further discussions.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager led by example, and had embedded a friendly, professional, positive, and open culture within the home.
- A tree decoration on one wall showed the home's values within its branches. The registered manager had a 'loud and proud' wall which showed people and staff celebrating a variety of achievements both in and out of the home. For example, one person had recently celebrated a 'big' birthday, and a staff member was celebrated for choreographing dances at their local church.
- People and staff told us the home was well-led. A staff member said, "If I have any doubts I will ask [the registered manager]. She is helping always. If there is something I will ask [them]." Another staff member said, "[Name of registered manager] is brilliant, a good manager. If there are any problems [name of registered manager] always does their best to help. It's a proper team spirit."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Statutory notifications were submitted without delay, when required.
- The registered manager sought advice and guidance from professionals to ensure improvements following incidents were undertaken.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a robust governance framework to ensure quality was maintained across all aspects of the service. The registered manager undertook a variety of checks and audits.
- We discussed with the registered manager how an overarching improvement action plan would support their plans.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular monthly meetings were held with people, relatives and staff to seek their views and opinions about the running of the home.
- Feedback surveys were undertaken regularly with people, relatives, staff and visiting professionals. This feedback was recorded and analysed and used to improve the running of the service.

Continuous learning and improving care

- The registered manager had a clear focus on quality improvement. The registered manager had sought and implemented additional development opportunities to support care quality.
- There was a learning culture embedded throughout the service.

Working in partnership with others

- The service worked in partnership with a variety of stakeholders to deliver high-quality care. For example, the home worked in collaboration with their sister homes to rent and share beach huts in the summer.